

NDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

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A. Signature

X

☐ Agent☐ Addressee

B. Recipient's Name

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number:

7004 2510 0006 7956 2282

Transfer from service

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

703-746-9195

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Please tell me the status of this application. \$190 was mailed for missing parts.

Thankyou
Malcolm Rosenberg
370 NW 115TH Way
Coral Springs FL
33071

Hydexro@Bellsooth.net
954-753-5915

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AUG 10 2005

- \$65 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$100
 - \$100 for 1 independent claims over 3.

Replies should be mailed to: Mail Stop Missing Parts
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PART 1 - ATTORNEY/APPLICANT COPY

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